

VERMONT DEPARTMENT OF HEALTH  
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE  
FEE FOR CIVIL MARRIAGE LICENSE \$70.00

<b>APPLICANT A</b> <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE (check one)			
1a. LEGAL NAME (First, Middle, Last)		1b. LAST NAME AT BIRTH (Maiden Surname)	
2. SEX	3. DATE OF BIRTH (Month, Day, Year)	4. BIRTHPLACE (State or Foreign Country)	
5a. RESIDENCE ADDRESS (Number and Street)		5b. CITY OR TOWN OF RESIDENCE	
5c. STATE OF RESIDENCE		5d. COUNTRY OF RESIDENCE	
6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)		6b. BIRTHPLACE (State or Foreign Country)	
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)		7b. BIRTHPLACE (State or Foreign Country)	

<b>APPLICANT B</b> <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE (check one)			
8a. LEGAL NAME (First, Middle, Last)		8b. LAST NAME AT BIRTH (Maiden Surname)	
9. SEX	10. DATE OF BIRTH (Month, Day, Year)	11. BIRTHPLACE (State or Foreign Country)	
12a. RESIDENCE ADDRESS (Number and Street)		12b. CITY OR TOWN OF RESIDENCE	
12c. STATE OF RESIDENCE		12d. COUNTRY OF RESIDENCE	
13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)		13b. BIRTHPLACE (State or Foreign Country)	
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)		14b. BIRTHPLACE (State or Foreign Country)	

**THE CONFIDENTIAL INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

<b>APPLICANT A</b>			
22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE	23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Civil union did not end; marrying civil union partner		23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____
<b>APPLICANT B</b>			
25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE	26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Civil union did not end; marrying civil union partner		26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____

**DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN? ☐ YES ☐ NO**

18 V.S.A. § 5131 (4)(A) provides that "parties to a civil union certified in Vermont may elect to dissolve their civil union upon marrying one another but are not required to do so to form a civil marriage." The option to elect dissolution of the civil union is found in the confidential section of the marriage license and shall become effective upon solemnization of the marriage.

<b>APPLICANTS</b>			
We/I hereby certify that the information provided is correct to the best of our/my knowledge and belief and that we are free to marry under the laws of Vermont.			
15a. SIGNATURE (Applicant A)	15b. DATE SIGNED	15c. SIGNATURE (Applicant B)	15d. DATE SIGNED
15e. TELEPHONE NUMBER	15f. E-MAIL ADDRESS	15g. TELEPHONE NUMBER	15h. E-MAIL ADDRESS
Planned marriage date _____ Location (City or Town) _____			
Officiant name and mailing address _____			
Your mailing address after wedding _____			
Do you want a certified copy of your Civil Marriage Certificate (\$10.00) Yes <input type="checkbox"/> No <input type="checkbox"/>			

Date license issued \_\_\_\_\_ Clerk issuing license \_\_\_\_\_

THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL MARRIAGE IS REGISTERED